

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/550689
APPLICANT

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|--|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 11 | | 4 | | | | | | | | | | | |
| 12 | | 1 | | | | | | | | | | | |
| 13 | | 2 | | | | | | | | | | | |
| 14 | | 2 | | | | | | | | | | | |
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| TOTAL IND. | 3 | | | | | | | | | | | | |
| TOTAL DEP. | 18 | | | | | | | | | | | | |
| TOTAL CLAIMS | 21 | | | | | | | | | | | | |

BEST AVAILABLE COPY